Vol. CVII MAY, 1913 Number 5

NASHVILLE JOURNAL
OF
MEDICINE AND SURGERY

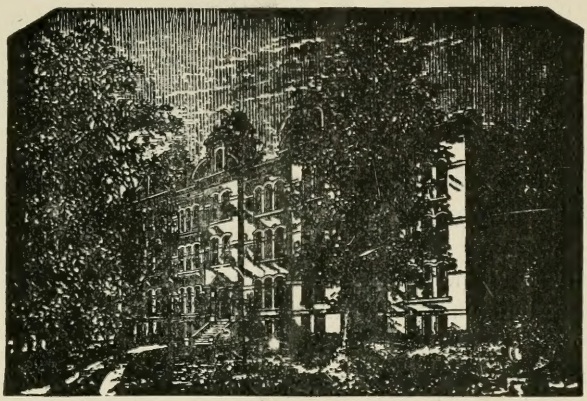
CHARLES S. BRIGGS, A. M., M. D., Editor and Proprietor
E. S. McKEE, M. D., Cincinnati, Associate Editor

PUBLISHED MONTHLY = = $1.00 a Year in Advance

Entered at the Post-Office at Nashville, Tenn., as Second-Class Matter

Williams Ptg. Co,, Printers, 156 Fourth Avenue, North, Nashville, Tenn.

FOR SALE



Beechhurst Sanitarium

Louisville, Ky.

H. B. SCOTT, A.M., M.D. - - Medical Supt.
E. P. THOMAS - - - - Business Manager

A Sanitarium for the Treatment of Mild Mental Diseases, Drug Addictions and Alcholism.

The main building at Beechhurst is commodious, and has been remodeled and newly furnished. Detached apartments for special cases, besides arrangements in both male and female departments for classification of patients. It is heated by steam, lighted by electricity, and water supplied by city waterworks.

Grounds elevated, ample, and beautifully wooded. Location retired, although within half a mile of East Louisville Station, and four hundred yards from the street car line.

Treatment: Such as is ordinarily employed in proper institutions of similar character.

Long Distance Telephone, East, 257-A. **Home Telephone, 3565.**

SANMETTO FOR GENITO-URINARY DISEASES.

A Vitalizing Tonic to the Reproductive System.

Specially Valuable in Prostatic Troubles of Old Men—Irritable Bladder—Cystitis—Urethritis—Pre-Senility.

SOOTHING — RELIEVING — RESTORING.

DOSE:—One Teaspoonful Four Times a Day. **OD CHEM. CO., NEW YORK.**

Beware of the so-called Elixir Compounds claiming to be "the same thing" or "just as good" if you do not wish to be disappointed.

THE EASY BODY REST

SOLID COMFORT.

Get one now. You need it for sitting or lying in bed. A solid unbreakable steel frame attachable to any metal bed. Change from flat to reclining or sitting posture instant and easy. Makes reading, writing or eating in bed a pure pleasure.

In sickness a Godsend to patient, doctor and nurses or attendants in the sick room. A boon to nursing mothers. Better than medicine for convalescents. Changing position relieves bed weariness, nervousness, strain, bed sores. No shifting or bunching of hot pillows. Cool, hygenic. Drops out of way and out of sight when not needed. For present comfort and possible emergency should be in every home.

Used in all hospitals, sanitariums and in 100,000 homes. Highly recommended by doctors and nurses everywhere. Price only $5. F. O. B. Chicago. Money back if not perfectly satisfied. Order today.

Illustrated Booklet Free.

OVER 65 YEARS' EXPERIENCE

PATENTS

TRADE MARKS
DESIGNS
COPYRIGHTS &C.

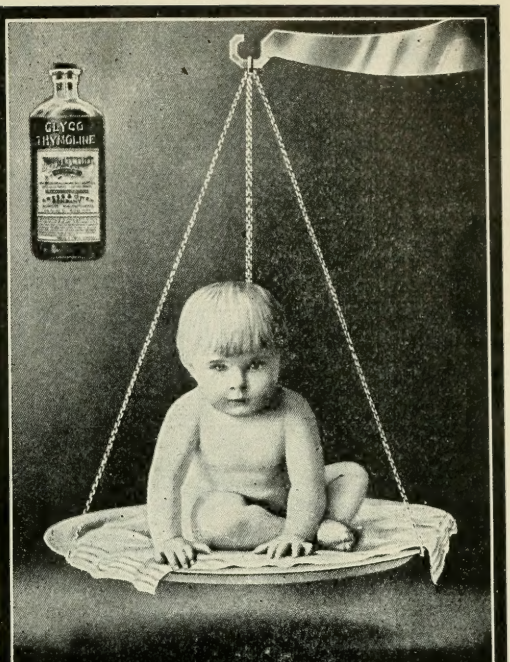
Anyone sending a sketch and description may quickly ascertain our opinion free whether an invention is probably patentable. Communications strictly confidential. HANDBOOK on Patents sent free. Oldest agency for securing patents.

Patents taken through Munn & Co. receive *special notice*, without charge, in the

Scientific American.

A handsomely illustrated weekly. Largest circulation of any scientific journal. Terms, $3 a year; four months, $1. Sold by all newsdealers.

MUNN & Co. 361 Broadway, **New York**
Branch Office, 625 F St., Washington, D. C.



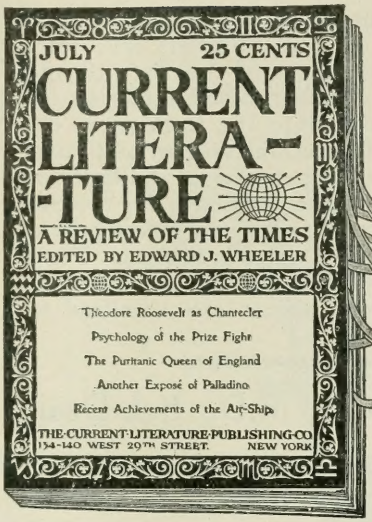
Glyco-Thymoline is of benefit for teething babies; a little rubbed on the gums, rapidly reduces the inflammation and conserves the little one's comfort.

Used for flushing the colon, it eliminates all septic matter, preventing autointoxication and reducing the temperature.

Glyco-Thymoline used internally corrects hyperacidity and prevents fermentation.

Kress & Owen Company

361-363 PEARL ST. - NEW YORK

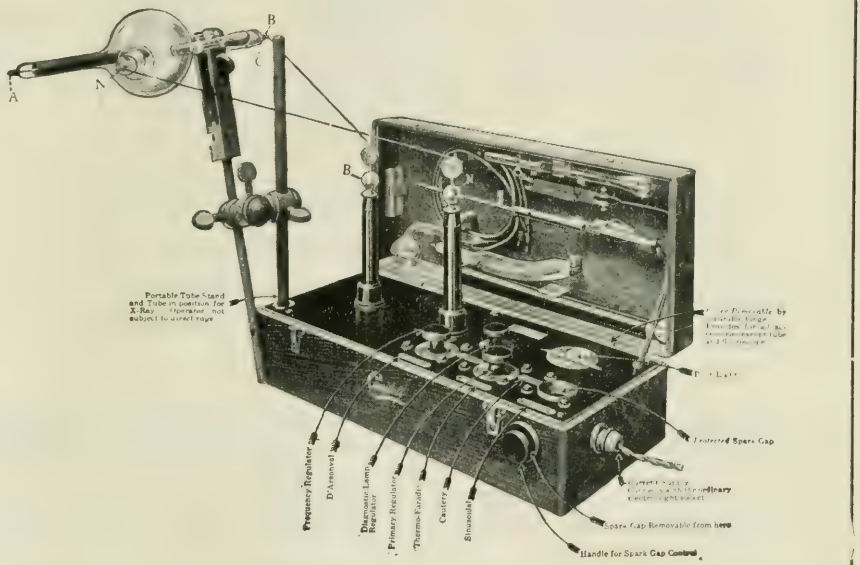


A Review of the Times

Nine Brilliantly Edited Departments Giving A Comprehensive Survey of The World's Activities and Thought.

Eight Outfits in One

X-RAY
THERMO-FARADIC D'ARSONVAL
CAUTERY SINUSOIDAL
DIAGNOSTIC LAMP EYE MAGNET
HIGH FREQUENCY



Campbell Complete Office and Portable Outfit

Guaranteed to produce more than enough current for any X-Ray work and has in addition seven other valuable currents.

SAVES YOU OVER $100

Increase your office practice by installing an outfit on our very easy payment plan. Office Practice is Cash Business.

Write for Catalogue of these coils or any other Electro-Therapeutic Apparatus.

Southern and Western Sales Agents

CAMPBELL ELECTRIC CO., Lynn, Mass.

NASHVILLE JOURNAL
—OF—
MEDICINE AND SURGERY

CHARLES S. BRIGGS, A. M., M. D., Editor

VOL. CVII. MAY, 1913. No. 5.

Original Communications

GENESIS OF THE CRAMP OF WRITERS AND TELEGRAPHERS—CASES—THE RELATION OF THE DISORDER TO OTHER NEUROSES—CASES—PATHOGENESIS. PRINCIPLES OF TREATMENT.

By TOM A. WILLIAMS, M.D., Washington, D. C.

Scrivener's palsy, writer's cramp or tremor, is the commonest occupation neurosis, because writing is the most widespread manual art which exacts the frequent repetition of the same movements. But the differences of pathogenesis can not be expressed in terms of the kind of handicraft affected. To express them in terms of muscle function or topography or even perhaps of functional "centre" is also misleading, as the analysis of cases clearly shows.

The mechanism of professional cramp is always psychological. Accordingly the treatment must address itself to the psyche. It must be clearly understood that the disorder of the apparatus is not structural but regulative. It is not an incapacity of muscle and nerves to perform their function, for this is intact, except for performing the particular professional acts which fail. A want of harmony in the controlling of the mechanism is the fault. We have not even to deal with the kind of want of harmony which occurs upon the destruction or toxic inhibition of a cortical cen-

tre, such as happens in aphasia. Professional cramp is a strictly *psycho-dynamic inhibition or disorder in the habitual series of coördinated associations gained by education in some art.*

It has been placed in a class apart from the tics, on account of certain peculiarities which have been regarded as essential. But the differences are less essential than adventitious, and none of them conflict with the definition of true tic. Hence, both as regards genesis and treatment, occupation-cramp-neurosis should be regarded as a form of tic.

The chief source of error of former writers is to look upon the mechanism of occupation cramp as an immediate deprivation of function. A deeper analysis shows that a particular function is impossible only because another act, viz., the derived movement or cramp, tremor or atonia, has preëmpted the muscles so that they can not at the same time perform the desired act. It is this supernous, though coördinate purposive and once voluntary, set of contractions which by definition (note) constitutes a tic. Only because of the occurrence of this other motor phenomenon is the patient unable to make the habitual movements of his art. This interpretation has been hidden by the fact that the tic usually begins and preponderates in or near the very muscles used in the occupation; and this has in the past obscured its analysis. (See Jour. Abnom. Psychol., 1912, O Ct.)

Only a searching analysis, which exposes etiology, can lead to successful treatment.

The following case shows in some degree the kind of objects the examiner has to deal with should look for.

CASE OF WRITER'S CRAMP ARISING FROM IMPATIENCE OF ROUTINE LETTER WRITING.

L., married woman aged 38, referred by a physician relative on account of aching in the back and inability to write much, on account of pain in hand, arm and shoulder. It first occurred seventeen months before, after much writing in acknowledgement of Christmas gifts, etc. But much writing had always tired her, because she held her pen too tight. There has been no special anxiety or ill-health upon this occasion.

Family History.—Negative, except that her sister was very timid, and that all the children were bashful, from being held back; her own children are in good health.

Personal History.—As a girl she was delicate and anæmic, There were no difficulties of menstruation, which began at 16, and created no psychological perturbation, as she was intelligently enlightened. She used to go North in the springtime, on account of the heat. She played quietly there, vigorous exercise being too tiring. She read much, and was less dependent upon companions than most girls. She was also fond of sewing and the piano, but did not exceed in either. She was perfectly tranquil and happy, a little timid in company, but without fears or qualms. She was conscientious and particular and much distressed by any rare failure in school. She disliked leaving; her favorite study was mathematics. She liked drawing and painting, and kept them up after leaving.

Cooking was given up from the fatigue caused. Aged sixteen, walking tired her much in the front of the legs. A craving for chalk and other minerals lead her to take them, only occasionally. She developed a fear of mice and rats. She remembers no erotic fancies or dreams. After leaving school, her life was uneventful; she did not dance to excess. She had a severe attack of malaria at 25. Child-bearing ceased spontaneously. Menorrhagia occurred, and an operation was undertaken, which relieved her.

For the last few years, she has had recurrent, severe headaches lasting days at a time and requiring powerful drugs to arrest them. They were not determined by emotion. Twice during these, after influenza, spots came before the eyes, and the page she was reading would blur for some hours, and there was numbness of the left limb and side of the tongue. Numbness has occurred on other occasions, but never on the right side. There has been no constipation, dyspepsia, vomiting nor nausea during the headaches. There are no prodromes, but sometimes the catamenia postpones them for a week. She is not sure if they are ever determined by emotion.

Physical Examination.—She looks healthy, equable, well nourished and powerfully built. There is no disease of the alimentary,

respiratory, circulatory, genito-urinary nor integumentary systems.

The Nervous System.—Motility is very strong and equal. There is no modification of the reflexes.

Sensibility to temperature, pin prick, touch, compasses, is not abnormal; but the diapason is felt less clearly on the right hand, wrist, shoulder, elbow and external malleolus of the ankle. This is more marked on the radial side of the arm.

Stroking is better felt and more ticklish on the left arm than on the right.

Sight.—She thinks she can see further to the left, but there is no hemianopsia, dyscromatopsia nor visual defect.

The Writing.—Her position is faulty, the wrist and elbow being turned so that the back of the hand is outward, and she uses mainly the extensors of the wrist and fingers. The elbow is turned outwards very awkwardly. The arm and shoulder is held very stiff, and she clasps the pen, a short one, very tightly in the fingers. She sometimes drops the pen, and on some occasions her sewing may fall from the hand, and certain kinds, more particularly hemming, she can not do. For a time, too, she feared to lift heavy crockery, thinking she might drop it, because the thumb would quiver in certain positions.

THE GENESIS OF THE CRAMP.

Her writing has always been jerky, because she hates it; but pain has only occurred since Christmas, seventeen months ago. It varies with the amount of writing, and was worse during a pleasant visit when she was doing nothing in particular. It had, however, been severe before she left home. The cramp and other symptoms came on after a period of stress while her sister's children were in hospital with scarlet fever. Her sister was then staying with her; and she feared for her youngest child, who had not had the disease; for although the doctor believed that the children upon recovery were safe, she could not help dreading infection, because her nephews had contracted the disease. The constant *preposession of these fears increased the tension of mind* with which she always accomplished the *writing of the distaste-*

ful formalities incident to Christmas. She *hastened her writing more and more,* and in consequence became *more and more cramped,* so much so, that she became unable even to hold up a newspaper, so constant was the cramp of the muscles. From possessing the reputation of writing faster than anyone she knew, she had to descend to ceasing writing entirely.

Treatment.—The pathogenesis of her inability was explained thoroughly, and she was instructed to begin slow writing exercises in a large, round hand. Only a little was to be done at a time, four or five times a day. The following week there was much less pain, except when she had to use her arm much; two minutes was her limit of endurance, after which the muscles would tighten in spite of her.

Process of the case and further analysis.—At times there is pain in the shoulder, even when lying down and during sleep. To obviate this, she has to hold her head well back. This first occurred after running hard before breakfast on account of being alarmed. There is a creaking of the left shoulder joint when it is moved. There is no tenderness of the skin there; but sometimes the muscles are tender, especially after she has one of her headaches. For these I prescribed a mixture of alkaline sulphates and bi-carbonates, to be taken morning and night four days before the catamenia, and when headache threatened. She was instructed that the evening meal should consist mainly of carbohydrates and succulent food. My endeavors to see her during or after a severe headache did not succeed. But some days after a very severe headache, I found a marked subjective hyperæsthesia to the tuning fork over the right elbow, ankle and knee. There was also a contralateral flexion of the toe on stroking the sole. The neck was constrained and painful. There was interlacement of the visual fields.

The arteries of the fundus oculi appeared very small, ratio of the arteries to the veins being 1-4. There was no projection of the papilla nor haziness of its margin. One week later, no headache having occurred, the hyperæsthesia to the tuning fork was less marked. The right knee reflex was perhaps less responsive

than the left. The ophthalmic arteries were no longer small, and there was dyschromatopsia only in the temporal fields.

The writing, however, was even worse.

She has never presented astereognosis, impairment of attitude-sense, dysdiadocokinesis. Her neck still hurts on movements, but much less than before, and no longer while in bed, even when extended. She was instructed in free calisthenic movements of the shoulder and arm.

Two months later she was much improved, only one headache having occurred, but she does not write much. Since then the improvement has been uninterrupted. The writing is practically normal, and she can conduct the correspondence demanded by her social position.

The specimens of this patient's handwriting, showing her improvement, were published when the case appeared, in the author's memoir in Journal of Neurol. u Psychol (Leipsig), 1912. Bd. 19.

Not all occupational disabilities are psychic, however. Contrast the following case.

A CASE OF OCCUPATIONAL INCAPACITY DUE MERELY TO PHYSICAL WEAKNESS.

A. S. A., telegrapher, aged 63, complained of a weakness of the wrist muscles without paralysis. He "can not send his writing over the wire unless he raises his elbow off the desk, and that tires him."

Personal and family history.—He has been an operator for over 40 years, has never been a drinking man, but smokes about four cigars and chews about four ounces of tobacco per week. He has always stammered in speech.

Physical Examination.—The deep reflexes are a little exaggerated, but there is no sclerosis of the blood vessels or other senile disturbance. However, there is a distinct diminution in the thickness of the right upper extremity. While the thickest part of the left forearm measures nine inches, the circumference of the right is only eight and seventh-eight inches. In the upper arms, the circumference is 9½ inches of the left and 9¼ inches

of the right. On the other hand, the right wrist is slightly larger than the left. The muscles of the right arm, besides being diminished in volume, are in a condition of hypotonia.

Psychic symptoms are absent, there being no anxiety or phobia, and the man, indeed, who has felt his weakness for eight or ten years, continues his work efficiently enough to maintain his position, though fully conscious of his diminished capacity.

Interpretation.—The contrast with the other case is striking. Although in this old man, the atrophy which precedes from overuse has reached a degree where it can be measured, yet his relative occupational disability has provoked no morbid psychological reaction. Neither cramp nor tremor has appeared, and work is continued as far as capacity allowed.

CRITICISM OF ORTHODOX INTERPRETATIONS OF OCCUPATIONAL CRAMP NEUROSIS AND THE TERM NEUROSIS.

Occupational cramp has been explained as a fatigue neurosis of muscles, of nerves and finally of centres. But as it is not repaired by rest, how can this be? Besides, the same act can be done with other implements, e. g., cases which can write with pencil and not with ink.

It is far-fetched to suppose that "neurosis" can shift from one to another group of muscles or their centres. Besides, the term "neurosis" often explains nothing but the interpreter's ignorance of the process at work. Besides, "neurosis" does not last for years without further impairment shown by additional symptoms, while psychosis, that is, ideational and emotional habitus, last a lifetime unless modified by stimuli from without or within.

Such an example is the case of a telegrapher* whose hand-cramp on raising his cup occurred only when he thought of it, and whose cramp began in fear of losing his position.

Physical symptoms are not the cause of cramp in themselves, but may furnish the initial motive from which the notion of incapacity or of perverted movements.

---

*Boston Med. Journ., August, 1912.

Such physical disabilities are frequently perpetuated into psychical ones, e. g.

Hysterical Prurigo.—A girl, aged 9, came to the dispensary on account of itching of the right face. Her frequent scratching had kept up pityriasis. This had begun two years before after her father had for some weeks suffered much from furuncle; he had itched all over, scratched much, and spoken of it a great deal. He still does so when he eats pork, thinking that it makes him itch. The little girl had only one boil on the right heel, and this she feared to scratch. It does not appear that the child's face had really been diseased, but I believed that the eruption was kept up by a morbid impulsion; so I prescribed sulphur ointment with the object of inculcating belief; pressed upon mother and child the need of never touching the place, and assured them that the itching would totally disappear in two weeks, which prediction was verified by the result.

Hysterical typhlitis after appendectomy.—A girl of twenty was seen because of recurrences of right iliac pain with nausea and vomiting, but normal temperature and pulse, since three months. Two months before the appendix had been removed for similar symptoms, and found little changed, though containing a concretion of lime. At the time, the ovaries and gall bladder were found normal. The pains recurred every few days, and lasted some hours, and were relieved by morphine or the Scotch douche.

Examination showed only a psychogenic hyperæsthesia in the right iliac fossa, controllable by indirect suggestion. Some sacral atonia, a slight retroversion and intestinal sand could not explain a manifestly psychogenic tenderness. After consultation for the observation she was convinced by Dr. Watson that a determination to conquer a longing for the comfort and anodynes which sickness brings would cure her. She went back to her home, and remains well a year later.

These examples of hysteria, the suggestion for which arose from an antecedent physical condition, are parallelled in a comprehensible and simple fashion in the traumatised person whose back or shoulder does not recover from a blow, perhaps quite

insignificant except in the patient's mind. Still more simple is the example of the petulant child or woman who nurses and magnifies a trifling hurt into a serious injury because of a morbid way of regarding her privileges.*

All these symptoms have been perpetuated by a false notion concerning their origin. So that even when a local or general physical state is recovered, as by rest or metabolic regulation and good nutrition, yet cramp or professional disability persists. This fact is too well known to need insistence. Therefore the physical state is not the *cause* of the cramp.

So the genesis of my cases has been searched for in a psychological mechanism, and they clearly demonstrate such psychogenesis. The therapeutic test is a further proof.

The physical treatment does not cure the cramp, but it makes easier the patient's effort, by putting him into the most favorable state of physical vigor for the mental exertion needed in giving the close attention required to wean himself from a bad habit and reëducate his special psychomotor activities into a good habit. That is, a *sequence of energetic discharges of a psychomotor area, which have by association acquired an order not desirable,* is *changed by intelligent practice into a sequence which conforms to the order desired.*

Coördination then substitutes what is incoördinate, as far as practical accomplishment is concerned.

It is the reacquisition of an impaired or lost efficiency, not due to a fault of the machine, but to an *error in the order in which its parts are put in action.* It is the directing force which needs to be scientifically applied, and not the mechanism which requires repair. *The genesis of occupational cramps.*—The disability is, at its first occurrence, accidental, as from fatigue or stressful effort. But the fact of failure soon creates the fear of future failure. Hence, whenever the act is attempted, fear interferes with harmonious automatism. It is the efforts to overcome this which cause and perpetuate the cramp.

---

*See also ten cases of Hysteria in Postgraduate, June, 1912, and Medical Annals, January, 1912; also discussion Modern Treatment, J. A. M. A., Oct 21, 1912.)

That fact, by an intelligent being, needs interpretation. The obvious one is that of physical disease. This ready explanation is corroborated by medical opinion and procedures.

This ideogenetic* *effect*† becomes then constantly linked with the inception of the act, and becomes part of the syndrome, although it is not primitive. To attack the *effect* directly is useless; for, by however hopeful an attitude it may be destroyed, the disability of the act persists. If, however, the *anxiety-affect* disappears as a consequence of the removal of its source, the idea which originated the cramp in the first place, then it remains constantly absent, and a cure may be effected, which does not occur when only a consequence, the *affect* is aimed at, even successfully.

The principle is the same as that laid down concerning the traumatic neurosis and hysteria in general, in which removal of an *affect* is only more than evanescently curative, when at the same time, intentionally or not, the genetic idea is itself removed concurrently, that is to say, when the patient is reëducated by the removal of his false belief as to disability. (Jour. Abm. Psychol, June, 1910.)

Not that he himself is usually capable, however well intentionai of abolishing his error; for although such cases of instantaneous conversion do occur, it is the rule for a considerable time to be required for penetration of the new mental attitude sufficiently effective to influence conduct. A passive acquiescense has no dynamic effect, and cases which assent readily, do so only because they have not realized the significance and bearing of the truthful idea; indeed, when they are forced to analyze their thoughts, it is found that they have not comprehended what the physician has tried to convey.

Their state is acceptance and not conviction. The latter connotes conflict, and that is usually neither ready nor speedy.

THE PRINCIPLES OF THE PSYCHORTHOPAEDICS.

Treatment.—Part of our treatment is the getting rid of the reinforcement derived from injudicious advice and measures, for

*Conceptional.

†Emotion or feeling usually unpleasant.

if not, every attempt to write at once arouses the fearfulness for a damaged member or nervous mechanism.

Again, pernicious habit-attitudes have to be fought. This, however, is best done indirectly through a planned orthopoetics, directed towards a new automatism, gained, as was (in childhood), the old one.

The aim consists of a reconstitution of the impaired function under psychological conditions unfavorable to the tic which impairs it. The chief means is graduated exercises of the function. In order not to excite the cramp tic these must be performed with great care, but without anxiety, very slowly and with attention to minutiae. The sittings should be frequent, but short, ceasing as soon as attention flags.

It is not the exercises themselves which are curative, for unless the patient's mental attitude is reformed the exercises are useless. Automatic performances are actually hurtful.

As regards writing, Meige has adopted a formula of *round, large, often* and *little at a time*. The largeness is the best assurance of sweep and freedom, without which the cramp will recur. The roundness renders the changes of direction gradual, for abrupt arrests tend towards cramping. Frequency is required both to exercise the attention and to attain once more a useful habit. Fatigue must be avoided by short sittings.

A new automatism is freer from tendency to cramp than is the older one, provided that are borne in mind the precautions against cramping, viz., slowness, largeness, roundness, frequency and little quantity. Hence, a new position and style of caligraphy is to be recommended. This is the more easy and advantageous in proportion as the old position and style was faulty.

These principles have in my hands proven of great efficacy whenever the analysis of the etiology has been completed. A still fuller description of the procedure employed in psycho-analysis, revelations of such a case is to be found in *N. Y. Med. Jour. Mch.*, 1913. See also memoir cited. The comparative unimportance of the sensual factor *per se* is apparent enough, the missions of some students of psychogenetic disorders notwithstanding.

1705 K. St.

Proceedings of Societies

ACADEMY OF MEDICINE, CINCINNATI, OHIO.

Monday, March 31, 1913.

Case Report Night.

1. Intramural Cyst of the Abdomen.—Dr. D. D. McNeen.
2. Cæsarean Section for Cancer of the Uterus.—Dr. M. A. Tate.
3. (a) Posterior Gastro-Enterostomy for Cancer Obstruction of the Pylorus, with X-ray Plates Before and After Operation. (b) Posterior Gastro-Enterostomy for Obstruction of Pylorus Due to Ulcer Cicatrix, with Plates Before and After Operation.—J. Hadley Caldwell.
4. Gunshot Wound of the Abdomen.—Dr. Walter R. Griess.
5. Case Report.—Dr. W. D. Haines.

NOTES.

Dr. J. A. Stucky, of Lexington, Ky., was made an honorary member of the Academy of Medicine.

Dr. Charles J. McDevitt and Dr. Charles T. Perin were elected to membership.

Dr. S. Dadakis resigned on account of moving to New York.

Application was received from Dr. Louis Howard Shriver.

The following committee on A. M. A. transportation was appointed by the Chair: Drs. J. E. Pirrung, Robert Carothers and Jos. Hall.

Dr. J. Ambrose Johnston presented a specimen of tumor removed from inguinal (glands), which developed following injury to the thigh; probable carcinoma. Microscopic report will be made later.

Dr. J. E. Pirrung reported a case of perforating duodenal ulcer operated three hours after perforation. Hedonal anæsthesia; con-

valescence well established. No post-operative vomiting and no peritonitis.

Dr. Edwin M. Baehr read "Contributions to the Study of Epilepsy in the Last Two Years." Dr. Baehr's paper was a careful resumé of the best that has been written on this subject the last two years. Statistics seem to show conclusively that alcoholism in all its forms has a definite relation to the frequency of epilepsy, and the hereditary element is as potent as any other etiological factor.

Discussed by Dr. Charles A. L. Reed, who discussed the relation of gynecological conditions to epilepsy, and said while double oöphorectomy was at times followed by relief of the type that develops at puberty, many cases were discouraging in results.

Dr. Frank L. Rattermann read a paper on "Diagnosis of Diseases of the Alimentary Tract." Dr. Rattermann confined his paper largely to the proper conduction of a physical examination of patients suffering from alimentary disease, taking up procedures useful in detecting disease. Detail of technique of physical examination was the main feature of the paper. Special emphasis was laid on gastric conditions, and reference was made to gastric analysis and possible source of error in test meals, etc. A strong plea was made for a careful analysis of the history, and the result of a careful physical examination.

SECTION ON SPECIALTIES.

April 7, 1913.

Paper.—"Suspension Laryngoscopy, with Demonstration on Patient and Report of Cases."—Dr. Samuel Iglauer.

NOTES.

The Program Committee desires that the essayist present an abstract of papers intended to be read before the Academy to the Section Committee two weeks before reading.

After the application of Dr. Summersgill had been handed in and passed by the Board of Censors, he was nominated and duly elected an honorary member of the Academy of Medicine.

Dr. Charles E. Hauser and Dr. Louis Howard Schriver were elected to membership.

Dr. J. E. Pirrung, Chairman Transportation Committee A. M. A., reported that the Pennsylvania Railroad had been selected as the preferable route to the annual meeting of the A. M. A.. Special car or cars will be run straight through via Chicago, where they will be attached to the A. M. A. Special over the Burlington routs.

The motion of Dr. J. C. Oliver, put two weeks ago, was acted on and carried, viz.: That the annual dues of the Academy of Medicine be $5.00. This increase takes effect in 1914.

Dr. Walter R. Griess presented a specimen of gall-bladder removed with stones *in situ*. It was a case of ruptured gall-bladder, and the diagnosis was made before operation on general symptoms, bile in urine and no jaundice. Dr. E. M. Baehr asked how the bile became excreted by the kidneys. Dr. Griess replied through absorption from general peritoneal cavity.

Dr. J. E. Pirrung presented a specimen of colon removed (colectomy) for intestinal stasis, which persisted even after a short circuiting operation had been done a year ago. There was a narrow point in the colon below the anastomosis.

Dr. William C. Herman presented color photograph of diabetic gangrene of the foot, which showed no line of demarcation. Case was fatal and was not operated on. Dr. Rriess said that while he did not urge operation in these cases, "Cellasin" had been very beneficial in a number of cases in his experience.

On motion of Dr. Jos. Ransohoff, seconded and carried, the Academy went into executive session. Dr. Ransohoff then reported as a member of the committee appointed by the Cincinnati Hospital stall to coöperate with a committee from the Academy of Medicine, to raise a fund to meet any want that has arisen among *members of the medical profession,* as a result of the floods in the immediate and surrounding territory. On motion by Dr. W. D. Haines, seconded and carried, the chair appointed Walter R. Grimes, J. E. Greiwe and Charles A. L. Reed, *ex-officio.*

Dr. Joseph Ransohoff then suggested that lay press reporters

be excluded from the regular meeting as is customary in other societies and because of some recent publication of reports of scientific work presented to the Academy. He said that the press report gave only one side of the argument, and that equally good men had taken opposite views, and that the lay press publication had probably done harm. Dr. Wm. Gillespie made a motion that a committee of three be appointed by the Chair to amend the by-laws so the Academy could control the lay press publications. Carried. Committee appointed by Chair: Wm. Gillespie, Jos. Ransohoff, E. W. Mitchell.

On motion executive session closed.

Dr. D. D. DeNeen reported an intramural cyst of the abdominal parietes, with pus tubes and ovaries from the same case. Dr. Ransohoff asked as to the pathology of the cyst. Dr. Deneen said it was possibly cyst of the urachus.

Dr. M. A. Tate reported a Cæsarean section for complicating carcinoma of the rectum high up. (*Bulletin* read of "uterus" instead of "rectum" by mistake on program.) This case had a large mass in sacral portion of pelvis obstructing normal delivery, and it was necessary to do a Cæsarean section to effect delivery. Mother and child lived.

Dr. John Hadley Caldwell reported in detail, with X-ray plates before and after operation, the following two cases successfully operated; both recovered: (1) Posterior gastro-enterostomy for cancer obstruction of the pylorus; (2) posterior gastro-enterostomy for ulcer cicatrix causing obstruction.

Dr. Walter Griess reported a gunshot wound of the abdomen with fourteen perforations of the hollow viscera. Patient made good recovery for fourteen days and then developed septicema due to septic thrombosis of the femoral vein. This thrombus with inguinal gland was removed at a second operation, and patient recovered. Dr. J. C. Oliver asked if the abdomen was flushed at time of first operation. Dr. Griess said he had not been guilty of flushing the abdomen since he left the City Hospital. Dr. Haines, in discussion, said the interesting part was the complication. He held thrombosis would at times occur in apparently

clean cases. He has cases occur in his practice, some in clean cases, but he thought thrombi were all infectious in character.

Dr. W. D. Haines reported a case of perforating appendicitis and rupture. Operated ninety-six hours after onset. History: No temperature until after eighty hours from onset, and no vomiting from eighty to ninety-six hours, when temperature was present. Perforation found in head of cecum and in appendix at operation. Recovery.

Dr. Charles E. Caldwell presented a case of intestinal obstruction with operation and fatal outcome. Acute obstruction for four days treated with heavy purgations; brought into hospital in bad condition. Intestines a tangled mass of adhesions; gut emptied in two places. Colon contained tumor mass of feces. Dr. Griess discussing, said in this type of case it was often best to do a simple enterostomy and get out and take a chance.

Dr. Sidney Lange presented X-ray plate of cervical rib. It was a very clear and beautiful demonstration. Patient of Dr. Percy Shields, who had made the diagnosis before the plate was made.

Dr. Charles T. Souther reported the case of a patient on whom he had done a fibroid hysterectomy two years before. She became constipated, was treated by her physician for two days, and vomited profusely as a result of cathartic. On examination abdomen was found flat, and mechanical obstruction ruled out. Expectant treatment for thirty days, after which bowel was thought able to stand a physic. Two drops of ol. tiglii produced a stool. Case recovered.

Dr. Rufus B. Hall said, in reference to cases reported by Dr. Caldwell and Dr. Souther, that a great deal of judgment was necessary to handle these cases, and we should do what was best for the patient. They would frequently be tided over by enterostomy. Physics did a great deal of harm, and the complete operation could only be done on the early cases. Many late cases will die for all of us. Do a brief operation to tide over, and many cases will not need a second operation. Dr. J. C. Oliver said drainage or enterostomy will aid late cases. Complete operation should be done on early cases.

Selected Articles

SOME SURGICAL MARVELS.*

BY JOSEPH B. BISSELL, M.D., New York.

Visiting Surgeon to Bellevue and St. Vincent's Hospitals.

While entirely praiseworthy in its original motives, the new publicity campaign which has been inaugurated to instruct the lay mind in the early symptoms of disease has one serious disadvantage. As a result of the early diagnosis and consequent favorable termination of hitherto fatal disease, the public, or that portion of it which gets its medical education from the newspapers, is being instructed to look for miraculous cures. This is unfortunate. Lured on by elusive journalistic descriptions of quick and sure cures the disappointment which is sure to follow when it becomes apparent that many of the illnesses are still incapable of cure will tend to react seriously against the ability of the medical man, and especially of the surgeon, to carry out satisfactory treatment, and will eventually do harm to the general public, as well as retard scientific surgery. Imperative or operative treatment will be postponed or refused and resort most likely be had to quacks and other advertising specialists, seriously handicapping subsequent proper treatment by the delay and probable misdirected attempts to relieve or alter morbid processes. The earlier we discover the presence of disease the better are the chances of recovery under suitable handling. In this campaign of instruction the idea of the profession is to get the public to recognize early and immediately report to their medical adviser any evidence of change of the normal structures, tissues or functions of the human body before malignant or incurable alteration takes place. But instead of obtaining these observations and such other information as we need in the public press, new and astounding operations and wonderful remedies are described, teaching the

*Read before the Society of the Alumni of the City Hospital, December 18, 1912.

people to expect miraculous and permanent restorations to health, when the actual facts obtained later, but not published, show these successes to be in almost every case failures. It is needless to say that most of these phenomenal operations are fakes pure and simple, or conservatively speaking, the effusions of over enthusiastic surgeons assisted by their too zealous newspaper friends.

In the morning newspapers of a few days ago was a full technical description of the operation of making a new humerus of a boy whose arm had been destroyed in an accident, with the story of the latter. The name and address of the operating surgeon and the hospital to which he is attached were published, as well as the names and addresses of his assistants, the patient, and the patient's family. The operation consisted of inserting the bone of a rabbit's leg in place of the destroyed arm bone. The newspaper statement was to the effect that the operation was successful, although the grafting process only took place on the day preceding the publication of the article. The absurdity of such an assertion is self evident, even to the casual reader. All the scientific knowledge we have acquired about the transplantation of bone structures teaches us that it is impossible to grow the bone of an animal in a human creature, and it also teaches the impracticability of transplanting a bone or parts of a bone from one human being to another with favorable results, or in other words, we must use bone from the person on whom we are operating in order to make bone graft grow and form a bridge between bone fragments. In the case mentioned a piece of railroad iron would have been just as valuable and have accomplished as much good for the patient as did the rabbit's leg. It is to be regretted that reputable newspapers constantly circulate, seemingly with authority, these ridiculous statements of operative misinformation. Not only are they silly, but they may do actual harm when a disillusioned public realizes the inevitable failures of these widely heralded surgical frauds, and many a patient may be deprived thereby of his rightful chance of a cure. There are miracles enough in the undisputed facts of modern surgical knowledge without going into the fields of romance. The wonderful results accomplished by the research workers of the laboratories when put to

practical use obviously demonstrate the remarkable advances in surgical achievement. The multitudinous recoveries from a well known widely spread hideous and terrible disease following the use of one of the German laboratory products tell a more vital and striking story than any of the fairy tales of cures so common in the daily prints, and a story, moreover, that has the additional merit of truth.

The Surgeon General reports as a matter of statistics that in the navy of a great world power since the adoption by the medical department a year ago of the prophylaxis of vaccination not a single case of typhoid has occurred. Is not this a marvelous thing? Yet no startling headlines called the fact to the attention of the public, although it is of great importance and well worthy of popular note.

A few years ago the following case would have been considered extraordinary in its success; now it is only one of many in surgical experiences.

R. C. S., an infant 12 weeks old, was seen by me July 8, 1908. A few days before an abscess had begun on his chin. This had been preceded by an attack of enteritis, which had lasted several days, but had then ceased. Following the first abscess, the baby had developed a number of large and small abscesses in various parts of the body. They all appeared to be deep seated and to originate under the periosteum. The cultures first taken showed staphylococci, later in the course of the case the microbes were all of the short variety of streptoccoci. The infection was most marked at the upper and lower ends and inner surface of the right tibia, although deep seated in the calf were one or two abscesses, which probably originated from the posterior surface of the bone. The fibula seemed to be very slightly affected at any time during the whole course of the illness. On September 25, during a dressing, the entire tibia, from the epiphysis above to that below, was incidentally removed from the diseased leg. The knee and ankle joint were both involved in the infection. The leg was riddled with sinuses and at the same time a number of abscesses were being treated in various parts of the baby's anatomy. At one time the condition of the leg was so bad and the

child's exhaustion so marked that amputation to save his life was considered—but refused. A molded plaster of paris splint encircling the foot up to and above the thigh supported the leg, preventing deformity and possible injury to the fibula, and allowing of the various necessary dressings. An X-ray taken on November 25, two months after the removal of the bone, showed the outline of a new tibia extending from joint to joint. The bone could also be distinctly felt with the finger. The sinuses and abscesses about the leg healed very rapidly, and by December 25, aside from scars and one sinus at the lower epiphyseal junction the limb was quite normal in appearance. A skiagraph taken at this date showed a satisfactory tibia and fibia in proper position. The baby had a hard time of it with repeated infections, but had resistance enough to overcome them. He had abscesses all over his body for several years. They were opened and drained, and usually healed quickly and kindly. The periosteum of the skull was a favorite site for their origin, as was also that of the scapula and sternum. The last abscess was in August, 1911. It originated under the periosteum of the left patella, and healed quite rapidly within a few days after it was opened. Seen by me within the last few weeks the child is the picture of health, normal and robust in every respect excepting for the scars he bears and about a quarter inch shortening of the affected leg.

This patient had the best possible opportunity of treatment, and was able to command every possible means to his recovery which money or attention could provide. He is now about four and a half years old and practically since the beginning of his illness has never passed a night in a bedroom or indoors. His waking and sleeping hours are all spent in the open air. During the acute period of pus infection an autogenous vaccine was made and injections repeatedly given. There is of course no means of knowing what effect this had on his ultimate recovery. Naturally every use was made of our knowledge of the opsonic index, antibodies, vaccines, and the laws of resistance and immunity taught us by the most recent laboratory investigations. Certainly without such knowledge the question of amputation of the leg to save the child

would have been a more acute and serious matter than the result seems to have proved.

In a different field, but yet along practically the same lines, the laboratory work of the German physiologists, pathologists and chemists, with their striking results has been of great assistance in restoring diseased tissues to normal condition. Professor Erlich's laboratory researches and findings have been of tremendous value in the ordinary everyday surgical work. The use of neosalvarsan, together with our knowledge of the complement, fixation, reaction, as a control test has in many cases produced some marvelous results. Some of these are illustrated in the following cases:

No. 1. Madame V. consulted me March 22, 1911, with the following history. She is 32 years of age and has been ill for five years. She is married, but has been separated from her husband for the past four years. Has been twice pregnant. Two miscarriages. She lost weight rather rapidly for the last year and a half. She was extremely pale, had pulse 110, slight elevation of temperature every afternoon, complained of pain in the rectum and left pelvic region, which began intermittently about eighteen months previous, but which was then pretty constant and at times very severe. On this account, and because of the difficulty of defecation she was unable to take nourishment except in very small quantities, and for the most part in fluid form. For the past few months she had a muco-bloody discharge from the rectum. Except for small particles, which were expelled from time to time with great pain, she was unable to have any movement of the bowels. She had been treated for cancer of the rectum by different specialists in this country and abroad, and complete excision had been advised. She was on her way to a hospital in a western city for operation, when she was sent to me by another physician for final opinion. Digital examination of the rectum caused a great deal of pain and disclosed about four inches above the anal opening a thick hard mass of tissue filling the caliber of the gut except for a small hole in the center through which only the thin end of an ordinary probe could be inserted. The examination was exceedingly painful, and most difficult both for the

patient and for the surgeon. No glands were felt in either groin, but in the left lower quadrant and extending down into the pelvis was a large irregular mass, oblong in shape, about four and a half by eight inches in dimensions, tender to pressure, and rising to the level of the umbilical line. Fearing that the lesion was cancer, but hoping that it might be specific, her blood was taken for a Wassermann test. Persistent questioning into her history revealed the fact that her husband, whom she had not seen in severals years, had been treated for some blood condition of long duration, and she further remembered that within a few months after her marriage she had an abscess in the groin which had been opened by a surgeon. This was not a very satisfactory history, but within a few days the Wassermann report was returned as positive. An intramuscular salvarsan injection was given, followed by mixed treatment by mouth. The patient was taken to a sanitarium in order to be under the best possible conditions to relieve her emaciation and difficulty in defecation, and for the purpose of properly nourishing her as well as for the mechanical treatment of her stricture. The result of the treatment was not only remarkable, it was astounding. On the third day a small rectal bougie was passed through the stricture with considerable difficulty and each third day following larger and larger sizes were used and the stricture gradually dilated, until at the end of two weeks a rubber tube the size of a twenty-six French sound was passed into the sigmoid cavity and that portion of the gut washed out. By means of this washing and the movements of the bowels which had been slowly induced by mild cathartics and massage the large tumor in the pelvic region had satisfactorily disappeared, showing that it had been nothing but fecal impaction above the almost completely occluded rectum.

Early in May she was given another injection, intravenous this time. From that period on her gain was steady, and at the end of three months from the first injection her weight had increased thirty pounds. Her hemoglobin has increased from 37 per cent to 81 per cent, and her red blood cells from twelve hundred thousand to nearly four millions. Appetite had returned, she had well-formed bowel movements, and the mucopurulent discharge had

ceased. The patient went to Europe late in August having stopped treatment a few weeks before of her own wish. While in Paris, in September, multiple syphilitic ulcers developed, which were so extensive as to threaten her life. She was taken to a cure in Austria, where active antisyphilitic treatment was given by means of baths, unctions and mouth medicine, but no further injections of salvarsan or neosalvarsan. In the early spring of 1912 she returned here and is still under treatment and observation. Except for the pronounced rupial cicatrices extensively distributed over her skin her condition is quite satisfactory. There has not been at any time further trouble with the stricture. I regard her as a remarkable illustration of the value of salvarsan.

Another demonstration of recovery, or at least of the removal of all evidences of troublesome symptoms, rapidly, and to the great relief of the patient, is detailed briefly as follows:

Captain J. C., naval officer, 48 years old, consulted me about a month ago for an inflamed and discharging tumor involving his right shin, and a large and painful swelling at the upper end of his lower right arm. Examination of the leg showed a tumor several inches long connected with the left tibia. It was swollen, tender and painful, and toward its center were two sinuses leading into the bone and discharging considerable pus. The pain was much worse at night and the tumor had increased rapidly in the past few weeks. The swelling on the right arm was about half the size of an ordinary orange. It involved the upper third of the ulnar, was not inflamed, slightly tender, and was troublesome principally from its size and position. He gave a very definite history of initial lesion and secondaries twenty years ago. There had been no symptoms since that time until the swelling of the tibia about three months before. The osteomyelitis of the tibia was treated by an operation under general anæsthesia, during which as much as possible of the affected portion of the bone was removed by incision and curettage with the bone chisel and bone scoop. About two-fifths of the tibia was removed. The cavity remaining after this very thorough operation was extensive. It required a large quantity of iodoform gauze to fill it. The gauze packing was left in place for a week. The day fol-

lowing the operation he was given an intravenous injection of salvarsan, and ten days later a second injection. The diminution in size of the tumor in the arm began almost immediately, and was quite perceptible after 48 hours. Now at the end of three weeks, after the second injection ,the tumor is almost on a level with the surrounding tissues, and only a slight elevation and irregular outline mark its former position. The enormous cavity in the tibia has almost completely filled in. The periosteal pains ceased in the first 24 hours, following the first injection, and have not returned. The patient is about his usual occupation and aside from a dressing over the rapidly healing tibial ulcer, is in a quite normal condition. This reads like fiction, but is nevertheless a fact. It is a sample of one of the not unusual antisyphilitic therapy.

One more case, in which an untoward event very nearly occurred, may be of interest. It was during the early period of our knowledge of salvarsan, when we were not quite so familiar with its use as we are at present. The patient was a husky Greek laborer, 28 years old, who had what appeared to be a mixed sore; that is, he had an ulcerated lesion of considerable extent with profuse discharge and a well marked induration. He had well developed secondaries in the shape of a typical macular eruption and widely distributed glandular enlargements. An intravenous injection of the usual amount of salvarsan was given in the usual manner without trouble or difficulty of any kind. Within a few minutes after the withdrawal of the needle he had a severe chill and vomiting. His chills were repeated for several days and his vomiting kept up for several weeks. At the time of the chill he complained of severe pain in the right hypochondriac and epigastric regions. The pain lasted for several days. His temperature and pulse soon became elevated, and the vomit the following day contained blood; he had also a severe bloody diarrhœa. Nourishment was of course impossible, and the patient's condition became exceedingly serious. At this time, in the second week after the injection, he was a pitiable sight. One of his most striking symptoms was the extraordinary number of herpetic blebs covering his lips and face. He had as well, dry cracked tongue with sordes.

His temperature at different times ran as high as 105 and 106 degrees. Several times death seemed to be impending from exhaustion and anorexia. He eventually recovered, but it was weeks before he was able to leave his bed and his stay in the hospital extended into months. He had a positive Wassermann before the use of the salvarsan, a double positive in the third week of his illness, and just before he left the hospital the report was ative; so that in spite of the danger and suffering he went through he was relieved of his syphilitic symptoms. Out of several hundred cases of treatment by salvarsan and neosalvarsan this is the only one where the effects were not satisfactory, and in this case the ultimate result was eminently so.

I offer for your attention these few selected cases as evidence of startling, almost astounding recoveries which sometimes occur in our ordinary work. Certainly such reports as these are more worthy of promulgation for the benefit and encouragement of suffering humanity than the publication of the rather foolish newspaper descriptions of surgical procedures, such as the one cited earlier in this paper and so common in print.—*The American Practitioner.*

Extracts from Home and Foreign Journals.

SURGICAL

Surgery of the Thyroid.

J. Berry is of the opinion that exophthalmic goiter is a disease of which the treatment, whenever possible, should be carried out jointly by the physician and surgeon. He ventures to ask whether the time has not arrived when physicians should recognize that they can do little or nothing for its actual cure, but that they can do much to get the patients into a proper condition for operation. On the other hand, the surgeon should realize the value of medical treatment as a preliminary to surgical interference, and should remember that there are stages of the disease during which the patient should be entirely in the physician's hands. It is common to hear of patients, who might be much benefited by operation, being kept indefinitely under medical treatment in out-patient departments, or intermittently in the medical wards, before a surgeon is even asked to see them, and when he is called in it is often to some desperately bad case on which he is expected to operate immediately as a last resort. In summing up our certain knowledge as to the dangers and advantages of the operative treatment of Grave's disease, the author believes that one may say that operations upon cases of exophthalmic goiter are more dangerous than similar operations for most other kinds of goiter, but that the dangers may, however, be greatly reduced by careful attention to details, especially in the selection of cases for operation, and in the choice of the time at which the operation should be performed, in the preliminary treatment of the patient, in the methods of operating, and in the after-treatment. That much benefit nearly always follows operation is undoubted, and that cure does sometimes follow as a direct result of the operation, especially in early and slight cases, there can be equally little doubt. Even in really bad cases, in which operation must involve serious risk, so much improvement often results that operation should not be too lightly put aside.—*Medical Record.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M. D. corner Summer and Union Streets, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

FOUNDATION OF THE AMERICAN COLLEGE OF SURGEONS.

A meeting of the organization committee, authorized and appointed at the Clinical Congress of Surgeons of North America, was held at the Willard Hotel, Washington, D. C., May 5, 1913. Dr. Edward Martin, of Philadelphia, acted as Chairman, and Dr. Franklin H. Martin, of Chicago, as Secretary. The object of the meeting was stated in the language of the following resolution bringing it into existence:

"*Resolved*, That this largest organization of surgeons on the American continent, the Clinical Congress of Surgeons of North America, shall assume the responsibility of standardizing surgery. This should be accomplished through representative committees and along the following lines: (1) It should formulate a minimum of requirements which should be possessed by any authorized graduate in Medicine, who is allowed to perform independently surgical operations in general surgery, or any of its specialties. (2) It should consider the desirability of listing the names of those men who desire to practice surgery, and who come under the authorized requirements. (3) It should seek a means of legalizing under national, colonial, state or provincial laws, a distinct degree supplementing the medical degree, which shall be conferred upon physicians possessing the requirements recognized by this law as necessary to be possessed by operating surgeons. (4) It should seek coöperation with the medical schools of the continent which have the right to confer the degree of M.D., under the present recognized standards, and urge these colleges to

confer the supplementary degree of surgeon on each of its graduates who have in addition to their medical course, fulfilled the necessary apprenticeship in surgical hospitals, operative laboratories and actual operative surgery. (5) It should authorize and popularize the use of this title by men upon whom it is conferred, and its use should especially be urged in all directories of physicians, in order that the laity as well as the medical man can distinguish between the men who have been authorized to practice surgery and those who have not."

This committee decided to commit the decision of the desirability of the method of organization, and the accomplishment of an organization which would fulfill the spirit of instruction of surgeons that could be gotten together. The results of the committee's efforts were that five hundred representative surgeons from all portions of the North American continent have consented to become founders of the organization under contemplation, and of this five hundred fully three hundred were present in Washington to fulfill their obligations. The Chairman stated that the object of the meeting was to formulate further and endorse the work that had been done by the subcommittee in regard to the standardization of surgery, for the benefit of the profession and the protection of the public. Everyone was in sympathy with the object. The following resolutions were adopted:

"*Resolved*, That the surgeons who were invited to become the Founders of this Corporation are hereby declared Fellows of the College of Surgeons, and shall receive their election by the Board of Regents without further formality.

"*Resolved*, That such other surgeons in the territorial dominion of the College, whose surgeonship can be unquestionably approved by the Committee on Credentials be at once, without the formality of an examination, recommended to and received by the Board of Regents as accredited Fellows of the College of Surgeons.

"*Resolved*, That members of the societies of surgeons and surgical specialties holding accredited positions in the federation of societies constituting the Congress of American Physicians and Surgeons, shall also be accepted as Fellows of the College of Sur-

geons without the usual formality required by the Board of Regents.

The following resolutions regarding the selection of Fellows were likewise adopted:

"*Resolved,* That the prospective Fellows of the College be divided, for the purpose of classification, into four groups to be designated A, B, C, and D classes, respectively. The A Class shall consist of the Founders of the College. The B Class shall consist of the members of the special surgical societies constituting the Congress of American Physicians and Surgeons, and one hundred each, nominated by an accredited committee, from the Surgical Section of the American Medical Association, from the Section of Obstetrics, Gynecology and Abdominal Surgery of the American Medical Association, from the General Surgical Section of the Clinical Congress of Surgeons of North America, from the Surgical Specialties of the Clinical Congress of North America, from the American Association of Obstericians of Gynecologists from the Canadian Medical Association, from the Southern Surgical and Gynecological Association, and from the Western Surgical Association. The C Class shall consist of surgeons of prominence of ten years in practice of surgery or a surgical specialty, and who, in the opinion of the Committee on Credentials, are eligible for Fellowship in the College without formal examination. The D Class shall consist of surgeons who can not, in the opinion of the Board of Regents, be classified under A, B, or C divisions, and for whom the college must establish an examination or other evidence of acceptable qualifications.

"*Resolved,* That the Board of Regents through the Committee on Credentials limit the admission of Fellows to classes A, B, and C until the Board of Regents formulates a standard of requirements for Class D and reports the recommendations back to the Board of Governors for approval at a meeting to be called by the Board of Regents at the time of the next meeting in Chicago, November, 1913."

The following officers were elected: President, Dr. J. M. T. Finney, Baltimore, Md.; Vice President, Dr. Rudolph Matas,

New Orleans, La.; General Secretary, Dr. Franklin H. Martin, Chicago, Ill.; Treasurer, Dr. A. J. Ochsner, Chicago, Ill.

Board of Regents: Dr. George E. Brewer, New York City; Dr. George E. Armstrong, Montreal, Can.; Dr. John B. Murphy, Chicago, Ill.; Dr. Edward Martin, Philadelphia, Pa.; Dr. F. J. Cotton, Boston, Mass.; Dr. Herbert A. Bruce, Toronto, Ontario; Surgeon-General W. K. Stokes o of the Navy; Dr. William D. Haggard, Nashville, Tenn.; Dr. George W. Crile, Cleveland, Ohio; Dr. McKechnie, Vancouver; Dr. Charles H. Mayo, Rochester, Minn., and Dr. Harry Sherman, San Francisco, Cal.

The above article speaks for itself. It is a move in the right direction instituted by surgeons of note from all sections of this country, and should receive the unqualified approval of all doctors regardless of what particular specialty they claim.

We are in urgent need of some such classification in order to protect the public and the good name of that particular brand of practice designated surgery.

Throughout this country the indiscriminate practice of surgery is spreading so fast that the public is already threatened with the time when any recent graduate can declare himself a surgical specialist and do operations which older, more experienced surgeons consider dangerous in the most skillful hands. Nowadays every medical student is asked by the laity "what specialty are you going to take up," many, many times before he graduates. Most students answer surgery, because to the student this branch is more spectacular and attractive, and having made the answer so many times the student finally comes to believe he is a surgeon and the laity think so too, because the average lay mind believes the student commences to specialize the first day he enters the medical school. But the question is, not who wants to be a surgeon, but who really is worthy of such a name. This is the question the proposed American College of Surgeons is to settle.

Our own opinion is that all graduates must henceforth report

for examination several years after graduation in order to prove their ability to do surgery.

A thorough study must be made of each case, otherwise this proposed College will degenerate into a political organization with everything in favor of the man with a pull. Provision must be made whereby anyone holding a medical degree from a college belonging to the American Association of Medical Colleges can always secure an appointment in some hospital approved by the Board of Regents and such appointment must be based on the passage of written, oral and *practical* examinations so conducted that examiners can not know examined and pull can play no part. We all know that at present many of our best hospitals stand with portals closed to those without the necessary pull, regardless of how well qualified they may be to hold an interneship. The proposed College should see that there is room for all in the hospitals they approve, for otherwise many men will be prevented from choosing their specialty, should they decide to take up surgery after doing general work for five or ten years. Special optional courses should be inserted in the curriculam of the various medical schools, and the schools must likewise open their doors for a nominal charge to their graduates in order that each and all may have a chance to study surgical anatomy and pathology and other branches relating to surgery.

Unless provisions similar to the above and others, too, are made, the election of men to this honorable body can not be fair to all.

We ourselves not only approve of such a body, if all have equal chances of entering providing they are worthy, but we feel that other specialties should adopt similar measures. In this way we could eliminate the psendo specialists and at the same time bring the general practitioner back to where he once stood—at the head of the profession. For the man who passes examinations—written, oral and practical—for all the various specialties, where each

one embraces as much as it does today, surely deserves the right to practice all, and surely should be recognized as a leader rather than looked at askance as he is in some localities today.

Preliminary Program American Proctologic Society.

Fifteenth Annual Meeting. Minneapolis, Minn.
June 16 and 17, 1913.

Headquarters and Place of Meeting, Hotel Radisson, Seventh Street, near Nicolet Avenue.

The Profession is Cordially Invited to Attend all Meetings.

PROGRAM.

Commencing Monday, June 16, 1913.

Executive Council meets at 11 a.m.

First regular session at 2 p.m.

Annual Address of the President. Subject: Proctology and Procto-Enterology. Louis J. Hirschman, Detroit, Mich.

Memoir of James P. Tuttle, New York City, N. Y.
Joseph M. Matthews, Louisville, Ky.

Memoir of Leon Straus, St. Louis, Mo.
Joseph M. Matthews, Louisville, Ky.

PAPERS.

1. A Review of Proctologic Literature for 1912.—Samuel T. Earle, Baltimore, Md.
2. A Method of Operating on Fistula Without Cutting Muscular Tissue.—Rollin H. Barnes, St. Louis, Mo.
3. Report of a Case of Fecal Tumor Associated with Hirschsprung's Disease.—Alois B. Graham, Indianapolis, Ind.
4. A Further Consideration of Sir Charles Ball's Operation on Internal Hemorrhoids—Alfred J. Zobel, San Francisco, Cal.
5. Deductions Based Upon an Analysis of Four Thousand Consecutive Rectal Cases.—T. Chittenden Hill, Boston, Mass.

6. Personal Reminiscences Upon the Subject of Proctology.—Jos. M. Matthews, Louisville, Ky.
7. Plastic Operations in Anal Stricture.—Wm. M. Beach, Pittsburgh, Pa.
8. Injection of Hemorrhoids.—Lewis H. Adler, Jr., Philadelphia, Pa.
9. Anal Sphincters.—Ralph W. Jackson, Fall River, Mass.
10. Further Observations Upon the Surgical Anatomy and Pathology of the Large Bowel with Radiographic Illustrations.—Granville S. Hanes, Louisville, Ky.
11. The Ano Rectal Line; Its Clinical Significance.—Collier F. Martin, Philadelphia, Pa.
12. Intestinal Parasitism in the South: Modes of Distribution: A National Problem.—John L. Jelks, Memphis, Tenn.
14. Some Preliminary Observations of Gastro-Enteric Motility.—Jerome M. Lynch, New York City, N. Y.
14. Ano-rectal Fibrosis: A New Disease. J. Coles Brick, Philadelphia, Pa.
15. Some New Diagnostic Means of Investigating Diseases of the Gastro-Intestinal Tract.—Thos. Chas. Martin, Washington, D. C.
16. Carcinoma of the Rectum.—J. Rawson Pennington, Chicago, Illinois.
17. Venereal Affections of the Anus and Rectum. — Edw. A. Hamilton, Columbus, Ohio.
18. Further Observations on the Treatment of Pruritus Ani by Autogenous Vaccines.—Dwight H. Murray, Syracuse, N.Y.
19. Diarrhea: Its Causes and Treatment.—George B. Evans, Dayton, Ohio
20. Ulcerations of the Rectum and their Treatment.—Horace Heath, Denver, Colo.

Marble May Crumble, But Living-Stone, Never.

David Livingstone, medical missionary, explorer, was born in Scotland March 19, 1813, and died in Central Africa, May 1, 1873. His body rests after much tribulation, in Westminster Ab-

bey. During life he opened up the Dark Continent to medicine, civilization and to Christianity. Not the least of his good works were his efforts toward the crushing out of the slave trade. Medical men as well as others do well to honor his memory. When a boy of 10 he worked in a cotton mill and learned Latin with his book fixed so that he could study it while walking to and fro at his work. He worked from 6 a.m. to 8 p.m., and at night studied at home. As a boy he climbed to a higher point in the ruins of Bothwell Castle than any other and carved his name there. In later life he did some tall climbing in Africa and left his name carved there. He enjoyed an immense practice in Central Africa, patients walking 130 miles for his advice. There was no question of fee splitting. There were no fees to split. The writer well remembers as a boy the story of Stanley's discovery of the Great Discoverer, and how proud he was of America's part therein. Sadly pitiful was the story of his death in the secluded swamps of Central Africa. The happy incidents surrounding his death were the devotion, fidelity and resourcefulness of his native servants at that trying time. They followed instructions — buried his heart under a tree at the place of his death—and carried his body to Zanzibar under great difficulties and dangers, whence it was taken to England. There are many memorials of Livingstone in England and Africa, one of the most appropriate being the Livingstone Dispensary in Edinburgh.

Places three in Pantheon!
Lincoln, Livingstone, Washington.

—*E. S. McK.*

International Congress on School Hygiene.

Office of the Secretary-General College of the City of New York, New York City, April 4, 1913.

To the Editor, Nashville Journal of Medicine and Surgery, Nashville, Tenn.

Dear Sir.—May we not depend upon your editorial aid at this time in contributing to the success of the fourth International Congress on School Hygiene, which is to be held in Buffalo, Au-

gust 25-30 inclusive, under the patronage of the Honorable Woodrow Wilson?

We desire to bring together a record number of men and women interested in improving the health and efficiency of school children; moreover, to make this Congress—the first of its kind ever held in America—one of direct benefit to each individual community. Such a thing is made possible only the hearty coöperation of editors in their various publications.

There is now being arranged a comprehensive program of papers and discussions covering the entire field of school hygiene. There will be scientific exhibits, representing the best that is being done in school hygiene, as well as commercial exhibits of practical and educational value to school people. Nor will the entertainment of the delegates in any way be a minor feature. Plans are being made for a series of social events, including receptions and a grand ball, a pageant in the park, and excursion trips to the great industrial plants of Buffalo, as well as to the wonders of Niagara Falls and the Rapids. Buffalo itself has just taken up a collection of $40,000 for the purpose of covering the expense of the Congress.

Delegates will attend from all the leading nations, from every college and university of note in this country, and from various other educational, scientific, medical and hygienic institutions and organizations. The Congress is further open to all persons interested in school hygiene. Membership may be secured on the payment of a five dollar fee. Applications should be sent to Dr. Thomas A. Storey, College of the City of New York, New York City.

It is greatly desired to secure large membership of the Congress, and to this end, may we not count upon you in spreading the news of the Congress and in calling attention to the benefits following the presence of all those actively engaged in promoting the welfare of the child, the school and the community?

The man of tomorrow depends upon the child of today, and the child of today, roughly speaking, spends half of his waking hours under the influence of school conditions. Are you interested in making these conditions what they ought to be? If you are,

give this Congress publicity. That is one way in which you can help.

Cordially yours,

THOMAS A. STORY.

PHYSICIAN (Male).

June 4, 1913.

The United States Civil Service Commission announces an open competitive examination for physicians, for men only, on June 4, 1913, at the places mentioned in the list printed hereon. From the register of eligibles resulting from this examination certification will be made to fill vacancies in this position as they may occur in different branches of the service, unless it is found to be in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

As a result of this examination it is expected to immediately make certification for filling vacancies in the Isthmian Canal Service at entrance salaries of $1,800 per annum, and a vacancy in the position of acting assistant surgeon in the Public Health Service at Jacksonville, Fla., at a salary of $500 per annum. Appointees to the position of acting assistant surgeon in the Public Health Service are required to devote only part of their time to the Government service.

The scope and character of the examination, as well as the requirements for the different branches of the service and salaries of each, are contained in section 192 of the Manual of Examinations for the Spring of 1913.

This examination is open to all men who are citizens of or owe allegiance to the United States, and who meet the requirements.

One application, Form 1312, is sufficient for all branches of the service except the Philippine, which requires Form B. I. A. 2.

Persons who meet the requirements and desire this examination should at once apply for either Form 1312 or B. I. A. 2 and a copy of the Manual of Examinations for the Spring of 1913 to the United States Civil Service Commission, Washington, D. C.; the secretary of the board of examiners, postoffice, Boston, Mass.; Philadelphia, Pa.; Atlanta, Ga.; Cincinnati, Ohio; Chi-

cago, Ill.; St. Paul, Minn.; Seattle, Wash.; San Francisco, Cal.; customhouse, New York, N. Y.; New Orleans, La.; Honolulu; old customhouse, St. Louis, Mo., or to the chairman of the Porto Rican Civil Service Commission, San Juan, P. R. No application will be accepted unless properly executed and filed with the Commission at Washington in time to arrange for the examination at the place selected by the applicant. In applying for this examination the exact title as given at the head of this announcement should be used.

Issued May 2, 1913.

Notable Features on the Program of Hygiene Congress.

The Fourth International Congress on School Hygiene, and the first to be held in America, at Buffalo, August 25-30, according to an announcement of the executive committee, will be by far the most elaborate effort yet made in this country toward getting the problem of school hygiene before the world. The first International Congress was held at Nuremberg in 1904, the second at London in 1907, the third at Paris in 1910.

The objects of the Buffalo Congress are:

1. To bring together men and women interested in the health of school children.

2. To organize a program of papers and discussions covering the field of school hygiene.

3. To assemble a school exhibit representing the best that is being done in school hygiene.

4. To secure a commercial exhibit of practical and educational value to school people.

5. To publish the proceedings of this Congress and distribute them to each member.

In addition there is a plan on foot to effect a permanent organization for the purpose of carrying out school hygiene reforms in all the individual communities in this country, if not all over the world.

One of the interesting features of the Congress will be the presence of delegates representing the community interest in

school hygiene, including those appointed by mayors and governors, by women's clubs, by school boards, boards of health, by mothers' congresses and charity organization societies and boards of trade. Their help is being solicited with a view of organizing the community in a campaign of school hygiene reform.

The program committee announces a program of two hundred fifty papers and fifteen symposiums, taking up hygiene from the following points of view:

I.—The hygiene of school building, grounds material and upkeep.

II.—The hygiene of school administration and schedule.

III.—Medical, hygienic and sanitary supervision in schools.

The contributors to the program make up a notable list of speakers—college presidents and professors; state city and county commissioners of education; teachers and superintendents of public schools, medical college professors; state, county and city health officers; physicians in private practice; engineers and architects.

Special discussions are being arranged on the following subjects:

"School Feeding": arranged by the Committee on School Feeding of the American Home Economics Society.

"Oral Hygiene": arranged by National Mouth Hygiene Association.

"Sex Hygiene": arranged by the American Federation of Sex Hygiene.

"Conservation of Vision in School Children": arranged by the Society for the Prevention of Blindness.

"Health Supervision of University Students": arranged by Dr. Mazyck P. Ravenel, University of Wisconsin.

"School Illumination": arranged by the Society of Illuminating Engineers.

"Relation Between Physical Education and School Hygiene": arranged by the American Physical Education Association.

"Tuberculosis Among School Children": arranged by the Society for the Prevention of Tuberculosis.

"Physical Education and College Hygiene": arranged by the Society of Directors of Physical Education in Colleges.

"The Binet-Simon Test": arranged by Professor Terman, Stanford University.

"The Mentally Defective Child": arranged by Dr. Henry H. Goddard, Vineland, N. J.

Various citizens committees of Buffalo are arranging an elaborate entertainment for the benefit of visiting delegates. There will be receptions and a grand ball, a pageant of school children, and excursion trips to the great industrial plants of Buffalo, and to the scenic wonder of Niagara Falls. The Boy Scouts will act as official guides.

Delegates will attend from every college and university of note in this country, from other leading educational and hygienic institutions and organizations, and from every country in which an active interest is being shown in the welfare of school children, which includes all the leading nations of the world.

The Congress is open to all persons interested in school hygiene upon the payment of a fee of five dollars. Application of membership should be sent to Dr. Thomas A. Storey, College of the City of New York, New York City.

President Wilson has accepted the honorary office of Patron of the Congress. The President of the Congress is Mr. Charles W. Eliot of Harvard University. The Vice Presidents are Dr. William H. Welch, of John Hopkins University, and Dr. Henry P. Walcott, President of the recent International Congress on School Hygiene and Demography, and chairman of the Massachusetts State Board of Health.

Magnesium Sulphate as a Local Anaesthetic.

The *Monthly Cyclopedia* cites Wiki's experiments on this question. The method used was that previously employed by Moukhtar for other purposes, viz., injection of a solution of the local anæsthetic agent to be tested into the skin adjoining the spinal column in guinea pigs. The presence of any degree of local anæsthesia is shown by the diminution or lack of response of the

skin muscles when the overlying cutaneous area is touched—normally a very easily reflex in these animals.

It was found that, while magnesium sulphate solutions of 3 per cent to 5 per cent strength generally produced only an hypoesthesia, those of 7 per cent to 12 per cent strength induced a well-marked anæsthesia, rarely exceeding eight minutes in duration. Fifteen to 25 per cent solutions caused a complete local anæsthesia lasting about one-half hour, after which local sensibility very gradually returned. A saturated solution, containing 0.62 grams of the salt in each cubic centimeter, produced complete anæsthesia, the duration of which generally exceeded one hour.

In order to prove the fact that the effects witnessed were not dependent upon the osmotic tension of the solutions used, comparative tests were made with solutions of magnesium sulphate, sodium sulphate and sodium chloride, shown to be isotonic by cryoscopy. It was found that, whereas, solutions of the last two salts approximately isotonic with the body-fluids had no anæsthetic power, magnetism sulphate solutions of the same molecular concentration (about 7 per cent) produced a distinct local anæsthesia. With stronger solutions the freezing point of which was below — 2°, sodium sulphate and chloride did induce anæsthesia, but this was always of much shorter duration, and usually less complete, than that caused by magnesium sulphate. A solution of magnesium *chloride* of 5 per cent strength was found to produce an anæsthesia of short duration; 7 per cent to 10 per cent solutions produced insensibility lasting somewhat over half an hour. —*The Medical Brief.*

At a meeting of Alienists and Neurologists of the United States, held in Chicago, April 17, 18, 19, 1913, under the auspices of the West Side Branch of the Chicago Medical Society and the Chicago Medical Society, a resolution was adopted to hold a second meeting in Chicago, in 1913, and a committee to be appointed to arrange for such a meeting. In accordance with the resolution a committee has been appointed, viz.:

Dr. H. N. Hoyer, Chicago, Chairman; Dr. L. H. Mettler, Chicago; Dr. W. A. Evans, Chicago; Dr. A .M. Corwin, Chicago;

Dr. W. J. Butler, Chicago; Dr. Peter Rassoe, Chicago; Dr. Wm. L. Noble, Chicago; Dr. W. T. Mefford, Chicago, Secretary; Dr. Bayard Holmes, Chicago; Dr. Jacob Frank, Chicago; Dr. P. J. H. Farrell, Chicago; Dr. Frank P. Norbury, Springfield, Ill.; Dr. W. L. Athon, Anna, Ill.; Dr. SidneyD. Wilgus, Kankakee, Ill.; Dr. H. B. Carriel, Jacksonville, Ill.; Dr. H. G. Hardt, Lincoln, Ill.; Dr. C. H. Anderson, Menard, Ill.; Dr. H. C. A. Chester, Menhard, Ill.; Dr. E. Z. Leviten, Peoria, Ill.; Dr. Wm. A. Crooks, Watertown, Ill.; Dr. H. Douglass Singer, Kankakee, Ill.; Dr. W. F. Lorenz, Mendota, Wis.; Dr. H. A. Tomlinson, Wilmar, Minn.; Dr. H. M. Cary, Spring City, Pa.; Dr. Theo. Diller, Pittsburg, Pa.; Dr. John Punton, Kansas City, Mo.; Dr. Henry A. Cotton, Trenton, N. J.; Dr. K. S. West, Cleveland, Ohio; Dr. W. B. Throckmorton, Cherokee, Iowa; Dr. Charles Bernstein, Some, N. Y.; Dr. Albert E. Sterne, Indianapolis, Ind.; Dr. Chas. Read, Kankakee, Ill.

W. F. MEFFORD, *Chairman.*

DR. E. S. MCKEE.

DEAR DOCTOR.—I intend to leave the last of May for North Cape Norway and return to England to attend the British Medical Association at Brighton July 22 to 25, the International Medical Congress at London, August 6 to 12 and the British Association for the Advancement of Science, at Birmingham, September 10 to 16. I will try to send you some items of interest for your Journal when I can find time. I attended the International Medical Congress when it met before in London in 1881. There were four doctors from Cincinnati at that Congress and I am the only one still alive. I also attended the Congress at Washington in 1887 and at Paris in 1900. I remain yours very truly.

May 13, 1913. E. S. MCKEE.

Publisher's Department

"Chasing the Cure"

At Star Ranch In-the-Pines Sanitorium, Colorado Springs, Colo.

During a recent journey through the state of Colorado, I remained for some time in the mountain city of Colorado Springs so that I could visit the many attractive places in that vacinity. The gorgeous scenery on the Cripple Creek Trip and in the Garden of the Gods is so magnificent that it is beyond the human imagination, but I must confess that my visit to Star Ranch Sanitorium afforded me greater pleasure than any of my other trips in Colorado.

The principal attraction at Star Ranch is its ideal location. The institution is located five and three-quarter miles south of Colorado Springs on the slope of Cheyenne Mountain. A perfect automobile service is conducted by Star Ranch, and its elegantly equipped motor-cars carry patients swiftly and smoothly away from the dust, smoke and noise of Colorado Springs proper. Within twenty minutes they breathe pure ozone laden with the delightful fragrance of pines, and the melody of songbirds takes the place of harsh city noises; for the patients have arrived at Star Ranch Sanitorium, located in the heart of the pines. It was a pleasant surprise to find such a delightful spot in the woods only a few minutes ride from the dusty streets of a city.

The location of a sanitorium, in my opinion, has a marked effect upon the mental attitude of patients, therefore, pretty surroundings are certain to hasten the recovery of health. Unquestionably Star Ranch has one of the most beautiful situations in the country. Mere words are incapable of expressing the beauty of the surrounding scenery. About two miles west of Star Ranch may be seen a portion of the backbone of the continent—the Rocky Mountains—the crest of which stands out clearly against the turquoise sky. The northern end of Star Ranch is protected from cold winds and storms by a thick growth of tall pines. On the south and east lies a great, broad plain, several

hundred feet lower than Star Ranch, dotted with a number of pretty lakes that glisten as jewels on the breast of Mother Nature. It is impossible to comprehend the number of miles which intervene between Star Ranch and the far distant horizon. Many hundred miles is a safe estimate. A person will not easily forget this wonderful view as there are few like it in the country. The imagination becomes active when human eyes gaze out across this vast stretch of land to the place where sky and earth seem to meet. From sunrise to sunset each day the plain presents a great variety of beautiful colors occasioned by the sun's rays and the passing of feathery clouds. The plain seems to undergo a continual transformation from dawn until twilight, and seldom presents the same appearance twice in a day. There are numerous trails winding up the sunlit mountain side and through shady ravines. The beautiful flora of the region is beyond comparison.

The main building at Star Ranch is an attractive structure, containing eighteen rooms, all of which have private sleeping porches. The rooms are heated by a hot water radiator system. Electric bells are installed in every room. The bath rooms and lavatories are modern in every way. The living room presents a splendid appearance and affords all the comforts of home. The dining room is attractively arranged, and it may be truthfully said that the excellent reputation of Star Ranch is founded on its inimitable table service. An outdoor dining room, having a southern exposure, is also in use during pleasant weather. This affords a refreshing breeze laden with the scent of pines and a glorious view of the plain. These acts as agreeable appetizers.

A number of cottages are scattered about among the pines and oaks a short distance from the main building. A cozy room, with windows, occupies the northern end of each cottage. The room is well furnished. A door leads from this room to a large sleeping porch, which occupies the southern portion of each cottage. All of the sleeping porches are open on three sides—south, east and west—and heavy canvas curtains are arranged so that any side may be closed completely as protection from storms. The open sides are also covered with a fine wire netting to prevent the entrance of insects. During cold weather an attendant

starts a fire early in the morning in the coal stoves of the inner rooms, so that the patients will have a warm room in which to dress after leaving their sleeping porches.

A competent physician, who has made a specialty of tuberculosis, is in attendance. Excellent nurses are also present at all times. I noticed that patients remained out of doors from eighteen to twenty hours out of the twenty-four. Those who were not confined to bed during the day "chased" in reclining chairs on the large veranda of the main building, which has southern exposure. Graduated exercise is allowed in some cases. Between 2 p.m. and 4 p.m. is rest hour, during which all of the patients retire, and silence prevails. Tuberculin and mixed vaccines are used in suitable and selected cases only. Pneumothorax is practiced in favorable cases, and I met several patients at Star Ranch who owed all to this treatment. Close personal supervision is given each patient, and the management of Star Ranch certainly does everything possible to hasten the recovery of their patients. The physician gives a monthl yexamination of all patients. An abundance of fresh food of all kinds is nicely served at Star Ranch and aids in restoring health and strength to the invalid. Lunches are served between regular meals. Pure, cold water, is piped to the sanitorium from springs in the mountains.

The glorious climate of Colorado is unsurpassed for the treatment of all forms of tuberculosis, as it is free from the severe rigors of winter and the prostration of summer to be found in the lower altitudes, thus permitting an out-of-door life throughout the year.

A very essential part of that essential factor—climate—is the altitude. In a low altitude persons can not have the same number of pulse beats a minute, the same number of breaths of pure oxygen, the same amount of energy pumped into them as in an altitude above 3,000 feet. Star Ranch has an altitude of 6,500 feet, which assures increased energy, a voracious appetite and buoyant spirits. There is an ozone in the air at this delightful spot which tones persons up and dispels their most cherished glooms. Patients soon recuperate under such favorable conditions as I found during my sojourn at Star Ranch.

A cheerful mental atmosphere is maintained at Star Ranch, and I found the patients to be a very cheerful gathering who made me feel very much at home. A well stocked library is at the disposal of the patients. There is a fine croquet court in front of the main building, which affords pleasure to the patients who are permitted to exercise. Motoring, driving and many forms of recreation are enjoyed by the patients when their condition warrants the approval by the physician.

The advantages of sanitorium treatment in tuberculosis are becoming more generally recognized. Patients at Star Ranch are at all times under strict medical supervision; they are advised in all details pertaining to their mode of life as regards rest, exercise, diet, etc. No general rules of treatment are applied to all, but on the contrary, each and every patient is advised, treated and cared for according to the special indications which his case prresents.

I have always taken a great interest in sanatoria and I never fail to inspect such institutions thoroughly as I travel about through the various states. It may, perhaps, be a hobby, but my tours of inspection through so many sanatoris have enabled me to become an excellent judge of such institutions, and, without prejudice, I can say that Star Ranch Sanatorium is unsurpassed by any other in the country.

The management of Star Ranch is always pleased to show visitors about the sanatorium, and I heartily recommend that institution to all who may be interested in combating the White Plague

---

The Non-surgical Treatment of Hemorrhides.

In the successful non-surgical treatment of hemorrhides, two important factors are to be kept in mind. First, the employment of such dietary and medicinal agents as will help remove the cause, and secondly, a local application that will reduce the congestion, relieve pain and if possible lessen the size of the tumor.

In just such cases Glyco-Thymoline has a wide field of useful application. A full strength solution brought in contact with external piles relieves at once by virtue of its anæsthetic property;

and by producing exosmosis, rapidly empties the piles by causing an exudation of serum, and at the same time by stimulating the capillaries to increased activity it relieves the engorgement.

For internal piles: Frst, cleanse the rectum with a douche of an ounce of Glyco-Thymoline to a pint of warm water and then by means of a hard rubber syringe, inject from half to an ounce of full strength solution, which is to be retained. This treatment is usually successful in giving prompt relief.

Nitrous Oxide-Oxygen Anaesthesia During Confinement and Fetal Resuscitation by Means of Oxygen Insufflation of the Lungs.

I was asked by Dr. Rothenberg to administer ether to Mrs. S., aged 38, for a few moments so as to enable him to insert a bag into the cervical canal, his intention being to allow the patient to recover from the anæsthetic and subsequently to have her anæsthesized again and deliver by corceps. Having in mind the danger of two ether anæsthetics in such close succession I suggested that she be given nitrous-oxide-oxygen first and ether subsequently if necessary. After the anæsthesia was started Dr. Rothenberk saw that he could easily make a manual dilatation, which he proceeded to do, and then he quickly finished with the forceps, the nitrous-oxide-oxygen anæsthesia being continued throughout the whole operation.

Before delivery it was thought that the child was dead, as the fetal heart could not be heard, and when the child was born, although the feeble pulse could be felt, the child could not be made to breathe even with artificial respiration and mouth to mouth inflation of the lungs. There being by this time no further need of the anæsthesia for the mother I transferred the mask to the baby's face after turning off the gas, turned on the oxygen, held down the expiratory valve of the mask and proceeded to distend the baby's lungs several times with pure oxygen. The baby's color changed almost immediately from a very dark blue to a fiery red, and it soon started to breathe and continued to do so. In this connection I wish to state that the mother's color was good throughout the entire delivery. There was as no time the slightest suggestion of cyanosis. Her pulse was 120 before the anæsthesia was started and at no time, either during or subsequent to the delivery did her pulse go above this figure. She was given no morphia before the anæsthesia was started and there were no after-effects of any kind.—*The Lancet-Clinic.*

Contents for May, 1913

ELEGANT

PHARMACEUTICAL SPECIALTIES

Attention is called to the EXCELLENCE and VALUABLE THERAPEUTIC PROPERTIES of these PREPARATIONS

Robinson's Hypophosphites

NUTRITIVE, TONIC, ALTERATIVE.

A STANDARD REMEDY in the treatment of Pulmonary Phthisis, Bronchitis, Scrofulous Taint, General Debility, etc. Stimulates Digestion, promotes Assimilation.

℞ Each fluidounce contains:

Hypophosphites	Soda - - - -	2 grains
"	Lime - - -	1½ "
"	Iron - - - -	1½ "
"	Quinine - -	¾ "
"	Manganese -	1½ "
"	Strychnine -	1-16 "

DOSE—One to four fluidrachms.

6 oz. Bottles, 50 Cents.
Pint Bottles, $1.00.

This preparation does not precipitate—retains all the salts in perfect solution.

Robinson's PHOSPHORIC ELIXIR

A Modified and Improved Form of Chemical Food.

A SOLUTION of the Phosphates of Iron, Sodium, Potassium and Calcium, in an excess of Phosphoric Acid.

Each fluidounce represents:

Phosphate	Sodium - - - - - - -	12 grains
"	Potassium - - - - - -	4 "
"	Calcium - - - - - - -	4 "
"	Iron - - - - - - - - -	2 "

FREE Monohydrated Phosphoric Acid 16 grains.

Each fluidounce is approximately equal to (30) thirty grains of Monohydrated Phosphoric Acid, FREE AND COMBINED.

Unsurpassed in excellency and palatability.

An invaluable remedy in the treatment of

Nervous Exhaustion, Incipient Paralysis, Deranged Digestion, Melancholia, General Debility, Renal Troubles, Etc.

DOSE.—The average dose is a dessertspoonful (2 fldrs.) diluted with water, to be taken immediately before, during or after meals.

PINTS, $1.00

Robinson's LIME JUICE and PEPSIN

Pure Concentrated Pepsin combined with Pure Lime Juice.

An exceedingly valuable Combination in cases of Dyspepsia, Indigestion, Biliousness, Heartburn and Mal-Assimilation.

APERIENT AND CHOLAGOGUE.

Impaired Digestion is the consequence of a sedentary life, coupled with nervous and mental strain.

Reliable Pepsin is one of the best DIGESTIVE agents known. **Pure Lime Juice** with its APERIENT and CHOLAGOGUE characteristics with the Pepsin furnishes a compatible and most efficient combination as a remedy for the disorders named.

Robinson's Lime Juice and Pepsin is PALATABLE and GRATEFUL to the taste.

DOSE—Adult, dessertspoonful to tablespoonful, after eating. Children one-half to one teaspoonful, according to age.

PRICE, 6 oz. Bottles, 50 Cents.
16 oz. Bottles, $1.00.

Robinson's ELIXIR PARALDEHYD

10 PER CENT.

Hypnotic, Sedative Anodyne Diuretic.

INDICATIONS. ***Sleeplessness, Irritability, Nervousness, Headache, Colic, Etc.***

In doses of 45 grains, it calms restlessness and insomnia, and procures unbroken sleep of from four to seven hours duration, leaving behind neither languor, nausea, nor digestive disorders. It is proposed as possessing the good without the evil qualities of Chloral.

Our Elixir contains 45 grains of the Paraldehyd in each fluidounce, dissolved in an aromatic menstruum whereby the objectionable taste of the chemical is to a great extent disguised, and the preparation rendered palatable.

DOSE—10 per cent 2 to 8 fluiddrachms.

PINT BOTTLES, $1.50.

N. B.—We also make ***25 per cent*** strength.

PRICE PER PINT, $2.00.

WE NOW MAKE FLEXNER'S Syrup Albuminate of Iron Comp. / Syrup Albuminate of Iron Comp. — **Pints, $1.00**

Solution Albuminate Iron and Strychnine, / Syrup Albuminate Iron with Quinine and Strychnine — **Half Pints, $1.00**

Please specify **ROBINSON'S** Original Bottles. For sale by Druggists.

ROBINSON-PETTET CO.,

(INCORPORATED)

Manufacturing Pharmacists LOUISVILLE, KY

Founded 1842 Incorporated

☞ **Pamphlets gratis** to Practitioners by Mail upon request

The Nashville Journal of Medicine and Surgery

This standard publication has just entered upon its 106TH *volume. The attention of the medical profession is called to improved appearance, and to the better character of its contents. : : : : :*

Physicians who desire to read a live, PROGRESSIVE MEDICAL JOURNAL, will do well to avail themselves of the low subscription price at which this excellent periodcal is offered.

A Handsome Premium to New Subscribers

A CLINICAL THERMOMETER FREE

To all new subscribers who will send $1.00 for one years subscription to the Journal from date, we will send a reliable clinical thermometer in nickel case, with pin and chain attached. This offer good as long as the supply lasts. Fill out coupon attached and mail at once, so as to get advantage of this offer.

Find enclosed $1.00 for which send the Journal and Thermometer to

Dr. _____

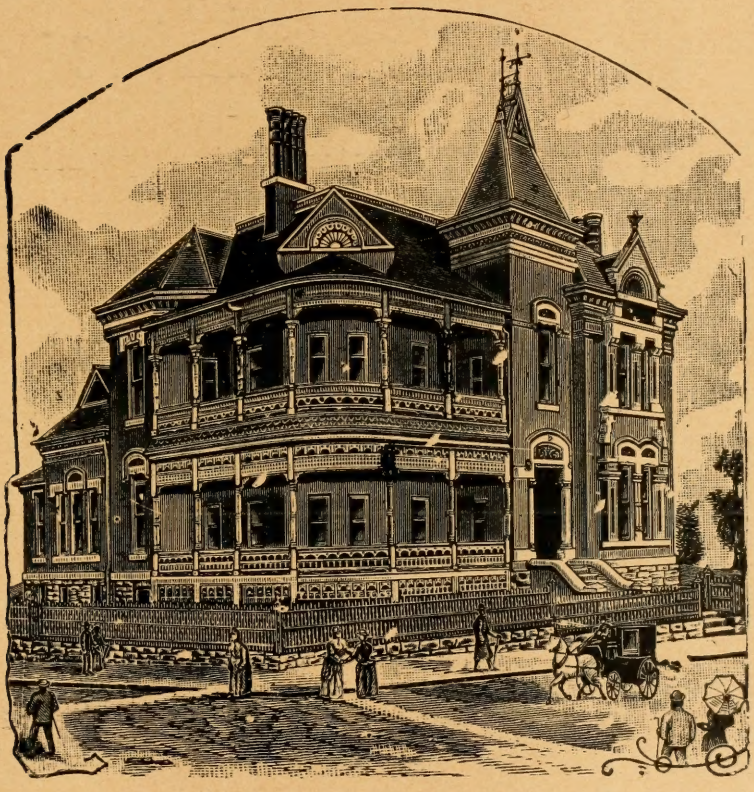
Town _____

County _____

State _____

The Briggs Infirmary

FOR THE TREATMENT OF SURGICAL DISEASES



THIS INSTITUTION is located in the central part of the city, easily accessible by severa lines of electric cars. Separate buildings for male and female patients, rooms well ventilated handsomely furnished and supplied with all the conveniences of modern hospital establishments. Excellent cuisine and competent trained nurses. The operating rooms are equipped with all the requisites of modern operative surgery. Rates of board reasonable. Twenty-Second season opens September 10, 1912. For further information address—

CHARLES S. BRIGGS, A. M., M. D.,

Or SAMUEL S. BRIGGS, M. D.,

Corner Summer and Union Sts. NASHVILLE, TENNESSEE